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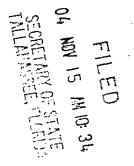
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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VISION SEE CRAFTERS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation	ons	<u> </u>	
SUBJECT: CH	OICE COAT (Name of Limited	Liability Company)	
The enclosed Articles of Organ	nization and fee(s) are su	bmitted for filing.	
Please return all correspondence	ce concerning this matter	to the following:	
	POWLAND V.	(Mill, AMS)	·
	(N	lame of Person)	
Vé	incient's i	BUSINES SERVICE	
	(F	Firm/Company)	
,	1125-1 C	ESERY RIV	
		(Address)	
5.	TACK SONY ME	1L- 32211	
	(City/S	State and Zip Code)	. 0
For further information concer	ming this matter, please o	call:	SECRETARY STATE SECRETARY FLOPID ALLOW 34 lephone Number) FLOPID
Rowland V.V	Ville oms	at (96 4) 744- (Area Code & Daytime Te	2439震 5 斤
(Name of Per	son)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	following amount:		CATE CARD
S125.00 Filing Fee Cer	\$130.00 Filing Fee & tificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
CHUICE COATING LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1342 West 33rd Street SAME
JAX 76-32209
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Row Land V. Will, 1915
Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) JAUNSON IL FL 3221 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited
liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all
statutes relating to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Mana			
MGRM	DAMON L. WOULBRIGHT 13.42 West 33ad Street Opensonville 71. 32209	/	
MOR	ANDRE JACKSON 1842 West 33al Stree JACKSONVINE TL- 32209	: : :	
		- -	
(Use attachment in NOTE: An additional interest in the second in the sec	if necessary) itional article must be added if an effective date is requested.	-	
REQUIRED SIG		04	
	Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee	NOV 15 AN IC 34	FILED

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)